

INSTRUCTIONS FOR COMPLETING THE QUARTERLY FEDERAL FINANCIAL MANAGEMENT REPORT FY 2005-06 (FFY 2006)

Please follow these instructions when completing the Quarterly Federal Financial Management Report (QFFMR).

For each of the funding categories, enter the expenditure amount for the reporting period.

EXPENDITURES, as requested in this form, are represented by accrual only. Accrual funds recognize income when earned and expenses when incurred regardless of when cash is received or disbursed.

COUNTY NAME: Enter the name of the County

REPORT DATE: Enter the date the report is completed.

QUARTERLY REPORT PERIOD: Identify the appropriate report period for which the QFFMR is being completed and submitted.

Report Period – July through September (1st Quarter)

- Expenditures at End of Reporting Period (Cumulative)
 - FFY 2005 SAPT Block Grant Award – Report total cumulative expenditures at the end of the 1st quarter (All expenditures from October 1, 2004 through September 30, 2005).
 - FFY 2006 SAPT Block Grant Award – The Amount will be ZERO (0).

Report Periods – October through December (2nd Quarter), January through March (3rd Quarter), and April through June (4th Quarter)

- Expenditures at End of Reporting Period (Cumulative)
 - FFY 2005 SAPT Block Grant Award – Report total cumulative expenditures at the end of the 2nd quarter (All expenditures from October 1, 2004 through December 31, 2005)
at the end of the 3rd quarter (All expenditures from October 1, 2004 through March 31, 2006), and
at the end of the 4th quarter (October 1, 2004 through June 30, 2006)
 - FFY 2006 SAPT Block Grant Award – Report total cumulative expenditures at the end of the 2nd quarter (All expenditures from October 1, 2005 through December 31, 2005)
at the end of the 3rd quarter (All expenditures from October 1, 2005 through March 31, 2006) and
at the end of the 4th quarter (October 1, 2005 through June 30, 2006).

REMARKS: Enter any applicable comments in this section.

SIGNATURE: Have the authorized individual sign the QFFMR form.

DATE SIGNED: Enter the date the form is signed.

PHONE NUMBER: Enter the telephone number of the individual signing the QFFMR form.

NAME: Type or print the name of the individual signing the QFFMR form.

TITLE: Type or print the title of the name of the individual signing the QFFMR form.

Submit the QFFMR form to:

**Department of Alcohol and Drug Programs
ATTN: Program and Fiscal Policy Branch
1700 K Street, 4th Floor
Sacramento, CA 95814**

The quarterly reports are **due no later than 2 months after the end of the report period** (i.e., for the July through September report – the due date is December 1).